



## SC Reserve Officer Training Program

### PPCT Proficiency Form

Candidate's Full Name as indicated on SS Card:

Candidate's Social Security #:

Employing Department:

Date of Test:

Location of Test:

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A. PPCT/Tactical Handcuffing P F

Comments:

B. PPCT/Use of Force P F

Comments:

C. PPCT/Weapon Retention P F

Comments:

By signing below, the instructor is certifying that he/she has tested the candidate in all 3 areas (Tactical Handcuffing, Use of Force, and Weapon Retention).

CJA Accredited DT Instructor's Name (Printed):

CJA Accredited DT Instructor's Signature:

Date:

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Original form to be maintained in candidate's file along with detailed information on candidate's actual performance. A copy to be maintained in Department's Training File, and a copy to be sent to the Academy along with the Departmental Training Verification Form.